

**PLEASE PROVIDE THE FOLLOWING INFORMATION WHICH WILL BE ENTERED ON YOUR FINGERPRINT REQUEST FORM:**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Sex (F or M) \_\_\_\_\_

Race (A=Asian; B=Black; I=Native American; U=Unknown; W=Caucasian/Latino) \_\_\_\_\_

Eye color (BLK, BLU, BRO, GRN, GRY, HAZ) \_\_\_\_\_

Hair color (BLK, BLN, BRO, GRY, RED, SDY, WHI) \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Job Title/Position \_\_\_\_\_

Start Date \_\_\_\_\_

Date of Birth (yyyy/mm/dd) \_\_\_\_\_

City & State (or Country) of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Residence \_\_\_\_\_

Telephone \_\_\_\_\_